DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: **04-CR-544**
Defendant: **KUN FUK CHENG**	Type of Process: **Forfeiture - Service**

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Yu Li, 9 Varun Lane, Lake Katrine, New York 12449

Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of: [signature] /Thomas A. Capezza, AUSA	**(X)Plaintiff** **( ) Defendant**	Telephone No. 518-431-0247	Date 2/14/06

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Treasury Agency Officer [signature]	Date 2/15/06

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (✓)HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above.	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service 2/16/06 - certified mail Time of Service ( ) a.m. ( ) p.m. Signature, Title and Treasury Agency [signature], Special Agent - IRS-CI

REMARKS:

A certified copy of the Preliminary Order of Forfeiture and Notice of Publication and Forfeiture were sent by Certified Mail on 2/16/06 to Yu Li at the address listed above.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

LAKE KATRINE, NY 12449

Postage	$ 1.11	UNIT ID: 0616
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJ42QC
Total Postage & Fees	$ 5.36	02/16/06

Sent To: Yu Li

Street, Apt. No.; or PO Box No.: 9 Varun Lane

City, State, ZIP+4: Lake Katrine NY 12449

PS Form 3800, June 2002 — See Reverse for Instructions

7005 0390 0005 8339 5900

16050036

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yu Li
9 Varun Lane
Lake Katrine NY
12449

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) [handwritten] C. Date of Delivery 2/21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

LAKE KATRINE FEB 21 2006 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 0390 0005 8339 5900

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540